

In the Supreme Court of the State of Alaska

Johnny D Degrate, II,
Petitioner,

v.

State of Alaska,
Respondent.

Supreme Court No. S-17558

Notice of Intent to Enter Judgment For Cost of Appointed Attorney

Date of Notice: **10/23/2019**

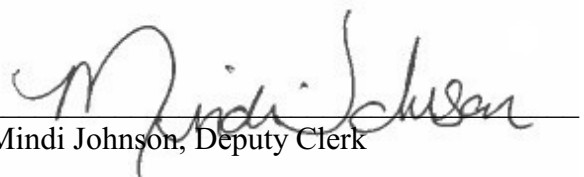
Trial Court Case No. **3AN-15-01281CR**

Unless you or the prosecutor objects by **12/9/2019** (you may use the enclosed form to file an objection), the court or clerk will enter a judgment against you for the cost of your appointed attorney as indicated below:

| Type of Appellate Proceeding | Misdemeanor | Felony |
|------------------------------|-------------|--------------|
| Petition for Sentence Review | \$ 250 | \$ 500 |
| Petition for Review | 500 | 1,000 |
| Petition for Hearing | 500 | 1,000 |
| Original Application | 500 | 1,000 |

Entered under Appellate Rule 209(b)(6).

Clerk of the Appellate Courts


Mindi Johnson, Deputy Clerk

Johnny Degrate, II - 666175

Distribution:

Mail:
Blakely, Laurence, Public Defender
Beach, Ruthanne

In the Supreme Court of the State of Alaska

Johnny D Degrate, II,
Petitioner,

v.

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Supreme Court No. **S-17558**

Opposition to Entry of Judgment For Cost of Appointed Attorney

Date of Notice: **10/23/2019**

Trial Court Case No. 3AN-15-01281CR

I oppose the entry of the proposed judgment against me for the cost of appointed attorney for the following reason(s):

- ☐ My conviction was reversed on appeal.
- ☐ I filed the following type of action, but the clerk or court assessed the wrong amount for this action:
 - ☐ Petition for Hearing
 - ☐ Petition for Review
 - ☐ Petition for Sentence Review
 - ☐ Original Application
- ☐ The clerk or court is proposing to enter more than one judgment against me. This is not correct because all of my offenses were resolved in one court proceeding.
- ☐ I should be assessed less than the scheduled amount because my attorney spent only ____ hours on my case. (If you check this box, you must attach a statement from your attorney showing the hours spent on your case.)
- ☐ Other _____

Petitioner's Daytime Phone

Petitioner's Signature

Petitioner's Mailing Address

City

State

Zip

Mailed to State's Attorney on: _____ (Date)